

SERFF Tracking Number: FARM-125500428 State: Arkansas
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010692057 \$50
Company Tracking Number: FAR0840-101180, FAR0840-201180
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: F-AR-2008-HO-F
Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

Filing at a Glance

Companies: Farmers Insurance Company, Inc., Farmers Insurance Exchange

Product Name: F-AR-2008-HO-F SERFF Tr Num: FARM-125500428 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #3010692057 \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: FAR0840-101180, State Status: Fees verified and
Combinations FAR0840-201180 received
Filing Type: Form Co Status: Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding
Authors: Anahit Bekarian, Jeanette Disposition Date: 03/12/2008
Campion, Gayane Rupchian, Mina
Villegas, Chris SalvaCruz, Edmond
Balaian, Karen Lacy
Date Submitted: 02/21/2008 Disposition Status: Withdrawn
Effective Date Requested (New): 03/31/2008 Effective Date (New):
Effective Date Requested (Renewal): 03/31/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR J6195 - Terrorism Insurance Cov Disclosure Notice Status of Filing in Domicile: Not Filed
Project Number: F-08-009 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/12/2008
State Status Changed: 02/27/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Cover memo is attached as separate item in Supporting Document header

Company and Contact

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Filing Contact Information

Feliksa Barran, Manager - Business Feliksa_Barran@farmersinsurance.com
 Implementation
 4700 Wilshire Blvd. (323) 932-3056 [Phone]
 Los Angeles, CA 90010

Filing Company Information

Farmers Insurance Company, Inc. CoCode: 21628 State of Domicile: Kansas
 10850 Lowell Avenue Group Code: 212 Company Type:
 Overland Park, KS 66210-1667 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 48-0609012

Farmers Insurance Exchange CoCode: 21652 State of Domicile: California
 4680 Wilshire Blvd. Group Code: 212 Company Type:
 Los Angeles, CA 90010 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 95-2575893

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 is the required fee amount for each filing company -- FIE & FICI -- for a total of \$100.00.
 Checks will be mailed to DOI on Monday, 02-25-2008 via DHL.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Company, Inc.	\$0.00	02/21/2008	
Farmers Insurance Exchange	\$0.00	02/21/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
In process	\$0.00	
In process	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Becky Harrington	03/12/2008	03/12/2008
Approved	Becky Harrington	02/22/2008	02/22/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to withdraw filing	Note To Reviewer	Mina Villegas	03/11/2008	03/11/2008

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Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Supporting Document	Cover memo	Withdrawn	Yes
Form	Terrorism Insurance Coverage Disclosure Notice	Withdrawn	Yes

SERFF Tracking Number:	FARM-125500428	State:	Arkansas
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Note To Reviewer

Created By:

Mina Villegas on 03/11/2008 03:40 PM

Subject:

Request to withdraw filing

Comments:

Dear Reviewer:

We respectfully withdraw J6195, 4th Edition from use in your state with our Homeowners program. This endorsement was filed in error for use with our Homeowners product. Please withdraw the form effective the date that we originally filed it. We will be refiling for use with our Landlords Protector Program.

Thank you,

Julie Whittington
Personal Lines Contracts
Farmers Insurance Group
4700 Wilshire Blvd.
Los Angeles, CA 90010
(323) 932-3170
(323) 932-4725 fax

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Product Name: F-AR-2008-HO-F

Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	Terrorism Insurance Coverage Disclosure Notice	J6195	02-08	Disclosure/ New Notice		49.80	Disclosure Notice J6195.pdf

**TERRORISM INSURANCE COVERAGE
DISCLOSURE NOTICE**

J6195
4th Edition

You should know that as part of the Terrorism Risk Insurance Act as extended on December 26, 2007, coverage for certified acts of terrorism is part of the coverage under your policy. Coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage.

The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for this coverage is \$10.00 and does not include any charges for the portion of loss covered by the federal government under the Act.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Withdrawn	03/12/2008

Comments:

Attachment:

AR P&C transmittal.pdf

		Review Status:	
Satisfied -Name:	Cover memo	Withdrawn	03/12/2008

Comments:

Attachment:

AR J6195 cover memo.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group of Companies				Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #			
Farmers Insurance Exchange	CA	21652	95-2575893	0212		
Farmers Insurance Company, Inc.	KS	21628	48-0609012	0212		

5. Company Tracking Number	FAR0840-101180, FAR0840-201180
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jonathan Miller 4700 Wilshire Blvd. Los Angeles, CA 90010	Manager, Personal Lines/Underwriting/ Contracts	(323) 930-4214		
7. Signature of authorized filer				
8. Please print name of authorized filer		Mina Villegas		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Homeowners
10. Sub-Type of Insurance (Sub-TOI)	Homeowners Sub-Type TOI
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	04.0/04.0000
12. Company Program Title (Marketing title)	S1825 – Terrorism Ins. Coverage
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 3-31-2008 Renewal: 3-31-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	

18.	Company's Date of Filing	February 22, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See cover memo.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Not available yet Amount: \$50.00 for each filing company </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2



FARMERS

4700 Wilshire Blvd.
Los Angeles, CA 90010
Bus: (323) 930-4214

www.farmersinsurance.com

February 21, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Subject: Terrorism Insurance Coverage Disclosure Notice - J6195

COMPANY	Reference Number	NAIC No.	GROUP No.
Farmers Insurance Exchange	FAR0840-101180	21652	0212
Farmers Insurance Company, Inc.	FAR0840-201180	21628	0212

Dear Commissioner:

We respectfully submit for your review and approval a revision to our **Endorsement J6195, Terrorism Insurance Coverage Disclosure Notice 3rd Edition**. The revised endorsement is the 4th Edition. This landlord endorsement, a commercial product, is licensed under our personal lines business. This coverage only applies to policies covering dwellings with four or less residences. This revised endorsement is submitted to comply with those changes enacted by TRIPRA and the premium charged is identical to that in the prior edition of the endorsement.

Our effective date is March 31, 2008.

Should you have any questions, please contact Jonathon Miller at (323) 930-4214.

Very truly yours,
FARMERS INSURANCE GROUP

By: Jonathon Miller, JD, GCA
Contracts Manager
Personal Lines/Underwriting/Contracts